

# **Exhibit A-3**

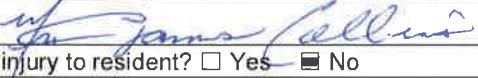
# HENLEY-YOUNG JUVENILE JUSTICE CENTER

## UNUSUAL INCIDENT REPORT

### INFORMATION ABOUT THE INCIDENT AND PERSON INVOLVED

(1) Resident Name: ALL OF WALTER PAYTON	(2) Resident Name:
(3) Resident Name:	Date of Occurrence: 11/23/21
Time of Occurrence: 09:45	Time of Report: 08:25
Person Reporting: Mr. James Collins	Location of Incident: WALTER PAYTON
Type of Incident/Infraction Code: ACTING UP WITH OTHER RESIDENT	
<b>NARRATIVE</b> (Describe what happen, how it happen, and factors leading to the incident. Was any verbal reasoning used to de-escalate the situation initially and/or during the incident? Be as specific as possible)	

On the date and time above, I (SYCP Collins) was called to Walter Payton for a disturbance call. Once getting to the pod I was told that all the residents were trying to fight [REDACTED]. So myself and SYCP Marshall told YCP McGhee to put everyone up because we were in a class and we were short on officers. All residents were put up and we went back to class and no one had to see medical or Mental Health.

Staff Signature: 	Date: 11/23/21
Incident result in injury to resident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Incident result in Injury to staff? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, was treatment received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Restraints used on resident #1, #2, or #3? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	For how long?
If so, what kind of restraints? Choose an item [REDACTED]	

### STAFF INVOLVED

List below the title, and names of all the officers/staff involved.

Title	Staff Name	Reason for Involvement
SYCP	Mr. James Collins	on duty
SYCP	Marshall	ON DUTY
ycp	mCGHEE	ON DUTY

EVENTS LEADING TO THE INCIDENT (place an (X) by the appropriate event)	THE CIRCUMSTANCE WHY FORCE WAS USED (place an (X) by the appropriate event)
Searches <input type="checkbox"/>	Preventing injury to self <input type="checkbox"/>
Assault on staff <input type="checkbox"/>	Preventing injury to staff <input type="checkbox"/>
Assault on a resident <input type="checkbox"/>	Preventing injury to other resident <input type="checkbox"/>
Non-compliance <input type="checkbox"/>	Preventing damage to property <input type="checkbox"/>
Court appearance <input type="checkbox"/>	Preventing an escape <input type="checkbox"/>
Moving to another room <input type="checkbox"/>	Other: <input type="checkbox"/>
Other: <input checked="" type="checkbox"/>	

### EMERGENCY BEHAVIOR MANAGEMENT CONFINEMENT

Emergency behavior management confinement shall only be a cooling off period for residents where placement of the resident in a room either locked or unlocked for the purpose of controlling out of control behavior, restoring order, correcting undesirable behavior and to achieve compliance with behavioral rules and expectations.

Was the resident placed in EBMC?  Yes  No

Date IN	Time IN	Date OUT	Time OUT

Shift Supervisor Approved EBMC?  Yes  No

Signature \_\_\_\_\_

**Witness Statement (Youth/Staff)**

Name: Supervisor Marshall	Youth: [REDACTED]	Staff:	Date 11/23/2021
<b>NARRATIVE</b> (Describe what happen, how it happen, and factors leading to the incident. Be as specific as possible)			

On Tuesday November 23, 2021 approximately 0945 1 Youth Care Supervisor Kenneth Marshall was in a training section in the Multi Purpose Room. Youth Care Professional Tisha Mallard entered to informed me that I was needed on Walter Payton unit. I Marshall alone with Senior Youth Care Professional James Collins exited the MPR and proceeded to Walter Payton unit. Upon our entry Youth Care Professional Christopher Magee informed Collins and I that several residents on the unit entered [REDACTED] room and took his snacks. Collins and I ordered all residents to go to their rooms until the training section was completed. The training section was completed at 1000 hours and the resident was let out of their rooms.

Signature 

Date 11/23/2021

**Witness Statement**

Name: Michael Caples	Youth: <input type="checkbox"/>	Staff: <input checked="" type="checkbox"/>	Date: 11/23/21 Time: 2:45 p.m.
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**NARRATIVE** (Describe what happen, how it happen, and factors leading to the incident. Be as specific as possible)

On 11/23/21, at approximately 1445 p. m., I QMHP, M. Caples met with [REDACTED] per his request. Per [REDACTED] at approximately 9:45 a.m., residents on POD A (with the exception of [REDACTED] entered his room threatening to jump him if he didn't give up his snacks. [REDACTED] report he didn't have any snacks to give them so they became aggressive towards him by tearing up his room (throwing food, milk, and water at/on him). According to [REDACTED] he made several attempts to exit his room in fear of his safety but was not allowed by the other residents who were standing in his room, and at his door. Per [REDACTED] SYCP Collins, and Marshall arrived to break up the situation, and everyone was put on lock down. [REDACTED] report he does not feel safe on POD A and has requested to be moved. A written statement was submitted by [REDACTED] see attached. End of Report.

Signature:



Date: 11/23/21

9:45

everybody except [REDACTED]

they throw stuff at me

Food, water, and milk

they was say they gone jump me if I didn't give them my snacks

Nobody was on pod

Magee was assigned to the pod

when I try to leave my room

they push me back in my room

Marshall and Collins came to get them out my room then we all locked up at 10:00 [REDACTED] till now

Magee bought the broom to me to clean up my room

I didn't report it but I reported it to my therapist

nobody ask me was I was OK or wat happen

I feel threatened

## HENLEY-YOUNG JUVENILE JUSTICE CENTER

## SHIFT REPORT

Before the end of each shift, shift supervisors shall complete the shift report documenting the shifts daily activities. It is mandatory for all shift supervisors. A completed shift report shall be forwarded to the facility's Executive Director as well as the Operations Manager.

## DAILY SHIFT REPORT

Shift: Alpha Shift (7 a.m. -3 p.m.) Date: 11-23-21

Supervisor on Duty: Bouldin Collins Marshall

OPEN COUNT		30	CLOSING COUNT		27
MALES/JCAA	MALES	FEMALES	MALES/JCAA	MALES	FEMALES
6	18	4HY/2SCA	6	18	1HY/2SCA

## POST ASSIGNMENT

Central Control: Blue  
 Walter Payton: McGee  
 Ossie Davis: Sims  
 J.F.K: Fraets  
 Harriet Tubman: Gateward

Intake: T. Mallard  
Davis (Laundry)

## OFF DUTY OFFICERS

EA: Hamilton Waddell / / / / / /  
 PL: / / / / / /  
 SL: / / / / / /  
 Call in/No Shows: / / / / / /

Comments: Note: Sallyport exit door is not working properly. If in case it comes up, leave it up per Frazier. Also leave Sallyport entrance open.  
 Bouldin excited

## MEDICAL

Juveniles refused for medical reason(s) prior to admission because of alleged injury, or sickness:

/ / / / / /

Juveniles returned to the facility by arresting transporting agency after receiving medical treatment:

/ / / / / /

Number of residents escorted to medical for assessment, treatment, injuries and/or sickness:

Number of residents transported to outside facilities for medical/mental health reasons:

6  
8

## EDUCATION

Number of resident attending school:

Number of resident not attending school:

Reason each child did not attend school:

Holiday Break

**RESIDENT SUPERVISION**

State all residents placed on suicide watch including date/time.

Re11-8321c 1010

Re1.1-8321c

1. [REDACTED] 2. [REDACTED] 3. [REDACTED] 4. [REDACTED]

Date/Time 11-22-21 / 1220 Date/Time: 11-18-21 / 0952 Date/Time: \_\_\_\_\_ Date/Time: \_\_\_\_\_

How many incidents occurred: \_\_\_\_\_ Reports written on all incidents? \_\_\_\_\_ if no, state reason why a report was not written. \_\_\_\_\_

**INTAKE**

BOOKED	PARENT(S) CONTACTED	RELEASED
1.		1. [REDACTED]
2.		2. [REDACTED]
3.		3. [REDACTED]
4.		4. [REDACTED]
5.		5. [REDACTED]
6.		6. [REDACTED]
7.		7. [REDACTED]
8.		8. [REDACTED]
9.		9. [REDACTED]
10.		10. [REDACTED]
11.		11. [REDACTED]
12.		12. [REDACTED]

**SUPERVISOR STAFF MEETING**Topic of discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Juanah Blue

Supervisor's Signature:

11-23-21

Date: